



SUMMER INTERNSHIP

STUDENT REGISTRATION FORM

Information to be filled by student:

Student Name:		Student ID:	
Major:	Major GPA:	Cumulative GPA:	
Credits Earned:	Credits this semester:	Total Credits:	
Telephone:	Mobile:	E-mail:	
Address:			
Preferred City for Training:	1st	2nd	3rd
Date:	Student Signature:		

Student's intending to provide a company from their own source should contact the Vocational Coordinator:

OFFICIAL USE ONLY:

Qualification Conditions to be filled by the Vocational Coordinator:

The Vocational Coordinator should check the appropriate box for each condition below and comment in the space provided:

No Yes

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Student is currently enrolled in the college |
| <input type="checkbox"/> | <input type="checkbox"/> | Student has completed 28 credits or more (including current semester) |
| <input type="checkbox"/> | <input type="checkbox"/> | Student Major GPA is 2.00 or above (out of 4.00) |
| <input type="checkbox"/> | <input type="checkbox"/> | Student has completed all the pre-requisites and requirements identified by his department |

Vocational Coordinator's Comments (Required if any of the conditions above are not met):

Company Assigned to Student:

Company Name:	
Address:	
Contact Person:	Phone:
Job Title:	Fax:
E-mail:	Mobile:
Vocational Coordinator's Signature	Date: